Employee Performance Evaluation Attachment

Delinquent Completion of Evaluation Meetings

Employee's Name/PerNr:	Job Title:	
Evaluator/Supervisor's Name:		
Directions: Record a brief explanation for any evaluation meetings held outside of the required compliance timeframes per 101 KAR 2:180. Supervisor must sign and date.		
Performance Plan not completed within January 1 st - January 31 st due to the following:		
*I understand that I may be held accountable for failure to adhere to 101 KAR 2:180 which states the evaluator shall establish a performance plan for each eligible employee no later than January 31 st after the start of the performance period.		
Supervisor signature:Dat	e:	
1st Interim Review not completed within May 1st - May 30th due to the following:		
*I understand that I may be held accountable for failure to adhere to 101 KAR 2:180 which states interim reviews shall be completed no later than thirty (30) calendar days after the end of each interim review period.		
Supervisor signature:Dat	e:	
2 nd Interim Review not completed within September 1 st – September 30 th due to the following:		
*I understand that I may be held accountable for failure to adhere to 101 KAR 2:180 thirty (30) calendar days after the end of each interim review period.	which states interim reviews shall be completed no later than	
Supervisor signature: Dat	e:	

3 rd Interim Review not completed within January 1 st - January 30 th due to the following:		
*I understand that I may be held accountable for failure to adhere to 101 KAR 2:180 which states interim reviews shall be completed no later than thirty (30) calendar days after the end of each interim review period.		
Supervisor signature:		
Annual Performance Evaluation not completed within January 1 st – January 31 st due to the following:		
Amuai i citormance Evaluation not completed within sanuary 1 — sanuary 51 due to the following.		
*I understand that I may be held accountable for failure to adhere to 101 KAR 2:180 which states interim reviews shall be completed no later than January 31st after the end of each interim review period.		
Supervisor signature:	Date:	